Citation	Year	Country/Region	Cancer type(s)	Population (e.g., adults, stage)	Sex (female-only / mixed / not reported)	N (sample size)	Study design (SR/meta/cohort/case-control/qualitative)	Data source (registry/claims/hospital/survey)	Outcome (suicide death / attempt / self-harm / ideation / psychiatric Dx)	Measure & effect size (HR/OR/RR + CI)	Adjustment variables (confounders)	Key findings (1–3 lines)	Risk factors identified	Interventions evaluated (if any)	Limitations	Relevance to Wales	Link/DOI
Tang GX, Yan PP, Yan CL, Fu B, Zhu SJ, Zhou LQ, Huang X, Wang Y, Lei J. Determinants of suicidal ideation in gynecological cancer patients. Psycho-Oncology. 2016;25(1):97–103.	2016	China (single hospital cohort)	Cervical, ovarian, endometrial	Adults; mixed stages; active care	Female only	579	Cross-sectional	Survey (validated scales)	ideation	Ideation prevalence 18.1% overall; ovarian subgroup ~30.16%. (Multivariable associations reported; ORs not extracted here.)	Depression severity, coping style, social support, chemotherapy history	Nearly 1 in 5 women reported suicidal ideation; highest in ovarian cancer. Depression, low social support and resignation coping associated with higher risk.	Depression symptoms; low social support; acceptance-resignation coping; prior chemotherapy	None (observational); authors recommend psycho-oncology and social-support interventions	Single-centre; cross-sectional; self-report; limited generalisability	Supports routine distress/ideation screening in gynae cancer care; target support for depression and isolation	https://doi.org/10.1002/pon.3880
Hunsberger et al. (2025) — Suicide Rates in Cervical Cancer (USA) Citation: Hunsberger, K.S., et al. Suicide Rates of Cervical Cancer Patients in the United States – Who is Most at Risk? Gynecologic Oncology. 2025. https://www.sciencedirect.com/science/article/pii/S221353832500030X	2025	USA	Cervical cancer	69,493 patients (SEER registry)	Female only	69,493	Retrospective cohort	SEER registry (Surveillance, Epidemiology, and End Results)	Suicide death (elevated relative to general population)	Increased suicide risk reported in certain subgroups (exact HRs/SMRs not provided in abstract — full text needed)	Age, ethnicity, stage, treatment modality	Women with cervical cancer showed higher suicide risk compared to the general population, particularly among younger patients, non-Hispanic individuals, those diagnosed at a localised stage, and those who did not receive chemotherapy.	Younger age, non-Hispanic ethnicity, localised stage disease, treatment delay or lack of chemotherapy.	None; authors recommend targeted psychosocial support groups for high-risk patients.	Data retrospective; limited treatment detail; US-based registry patterns may not fully translate to Wales.	Highlights suicide risk factors in cervical cancer patients, suggesting the need for proactive support in early-stage patients and those not undergoing chemotherapy.	https://www.sciencedirect.com/science/article/pii/S221353832500030X
Ward, K.K., et al. *Women with gynecologic malignancies have a greater risk of suicide than women with other cancer types. Gynecologic Oncology* . 2012.	2012	USA (SEER-based)	Gynaecological vs. non-gynaecological cancers	Registry cohort of women with cancer (exact N not given in abstract)	Female only	Not specified in abstract (large SEER sample)	Retrospective cohort	SEER registry (NCI)	Suicide death	Women with gynae cancers had **1.3× higher risk of suicide** compared to women with non-gynae cancers	Not specified in abstract	Elevated suicide risk in women with gynaecological cancers relative to others; signals need for targeted psychosocial support	Not detailed	None	Abstract-level only; adjustment/confounders not reported	Highlights increased vulnerability in women with gynaecological cancers, relevant for Wales in prioritising tailored psycho-oncology support	https://pmc.ncbi.nlm.nih.gov/articles/PMC3955113/
Kolva E., Hoffecker L., Cox-Martin E. *Suicidal ideation in patients with cancer: A systematic review of prevalence, risk factors, intervention and assessment. Palliative & Supportive Care* . 2020;18(2):206–219.	2020	Multiple (global, multi-study)	Mixed (all cancer types, not gynae-specific)	Adults with cancer (from 44 included studies)	Mixed	44 studies (sample sizes vary)	Systematic review (PRISMA-guided)	Published literature	Suicidal ideation	Prevalence range **0.7%–46.3%** depending on population and measure	Not consistent across studies	Wide prevalence variation; psychological distress, depression, anxiety, hopelessness consistently linked to ideation. Social support deficits also key.	Demographic (age, sex), clinical (disease, treatment), psychological (depression, anxiety), social support	Some interventions described; mixed evidence; no standardised approaches	High heterogeneity; limited breakdown by cancer type; reliance on self-report tools	Demonstrates the scale and variation of suicidal ideation in cancer patients; underscores need for consistent screening/psycho-oncology services in Wales	https://doi.org/10.1017/S1478951519000610
Violette, C.J., et al. *Temporal trends and characteristics of suicide among gynecologic cancer patients. Gynecologic Oncology* . 2019.	2019	USA	Gynaecological cancers (ovarian, cervical, uterine)	Women with gynae cancers	Female only	467,368	Retrospective cohort	Registry-based (US national cancer registry)	Suicide death	309 suicides (0.07% of cohort)	Not specified in abstract	Small % overall, but large numbers in absolute terms; demonstrates persistent suicide risk in gynae cancers	Not reported	None evaluated	Limited details in abstract; no breakdown by risk period or predictors	Even low prevalence translates into significant numbers; need for systematic psycho-oncology support in Wales	https://www.sciencedirect.com/science/article/pii/S2352578919300992
Chen Y., Yu K., Xiong J., Zhang J., Zhou S., Dai J., Wu M., Wang S. *Suicide and Accidental Death Among Women With Primary Ovarian Cancer: A Population-Based Study. Frontiers in Medicine.* 2022. DOI: 10.3389/fmed.2022.833965	2022	USA	Ovarian cancer	Women with primary ovarian cancer (SEER 1973–2016)	Female only	149,204	Retrospective cohort	SEER registry	Suicide & accidental death	Suicide SMR = 1.86 (95% CI 1.54–2.25); Accidental death SMR = 1.54 (95% CI 1.39–1.71)	Standardised to general population	Suicide risk 86% higher vs general population; accidental deaths also significantly higher	Younger age, white race, Type II epithelial cancer, high-grade, non-metastatic disease, radical surgery (pelvic exenteration)	None	SEER lacks psychiatric and support data; registry-only	Strong signal that ovarian cancer patients in Wales may face similar elevated suicide risk; highlights need for screening & targeted support	https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2022.833965/full
Henson, K.E., et al. *Risk of suicide after cancer diagnosis in England. JAMA Psychiatry.* 2019;76(1):51–60.	2019	England (UK)	All malignant cancers (not gynae-specific)	4.7 million cancer patients (N = 4,722,099), 1995–2015	Mixed	4,722,099	Retrospective cohort	National Cancer Registration and Analysis Service (NCRA) + death registry	Suicide death	SMR = 1.20 (95% CI not given in abstract), AER = 0.19/10,000 person-years; first 6 months SMR = 2.74; ovarian cancer SMR = 1.23 (NS)	Standardised to general population, cancer site-specific	Cancer patients face 20% higher suicide risk vs general population; first 6 months after diagnosis are highest risk; mesothelioma, pancreatic, oesophageal, lung, stomach cancers highest	Early period post-diagnosis, cancer type, severity	None	Ovarian cancer risk not significantly elevated; registry data limits info on psychiatric/social variables	Strong relevance as UK-wide data; identifies critical early post-diagnosis period where targeted intervention could reduce risk	https://pubmed.ncbi.nlm.nih.gov/30476945/
Grobman B. *Suicide among Cancer Patients: Current Knowledge and Future Gaps.* 2023.	2023	United States	Mixed cancer types (overview of observational studies)	Various observational cohorts (not specified)	Mixed	Not specified	Narrative overview (not systematic)	Literature review of observational studies	Suicide mortality	Not quantified (descriptive synthesis only)	Not applicable (no statistical models used)	Cancer patients face elevated suicide risk, especially around time of diagnosis; evidence base is fragmented; limited cancer-site specific research (e.g., gynaecological)	Timing of diagnosis consistently identified as high-risk	None evaluated	Not systematic; no pooled estimates; descriptive only	Underscores lack of UK and gynae-specific research, highlighting need for targeted studies and interventions	https://pmc.ncbi.nlm.nih.gov/articles/PMC8803475/
Rafiei S., Pashazadeh Kan F., Raoofi S., Shafiee F., Masoumi M., Bagheribayati F., et al. *Global Prevalence of Suicide in Patients with Cancer: A Systematic Review and Meta-Analysis.* Archives of Suicide Research. 2023.	2023	Global (multi-country)	All cancer types (not site-specific)	Adults with cancer, pooled from included studies	Mixed	67,169 patients	Systematic review & meta-analysis	Pooled observational studies (registry, hospital, survey)	Suicidal ideation, suicide attempts, suicide death	Suicidal ideation: 6% (n=4,030); Attempts: 60% (n=40,300); Completed suicides: 34% (n=22,839)	Not standardised across studies; heterogeneity high	Global prevalence of suicidality in cancer patients is alarmingly high across ideation, attempts, and deaths	Not cancer-specific, though consistent risk factors include depression, poor prognosis, lack of support	None formally evaluated	Aggregated across diverse cancers; no gynae-specific breakdown; likely heterogeneity bias	Sets a benchmark that suicide is a global cancer issue—Wales must adopt cancer-type-specific strategies and strengthen psycho-oncology	https://doi.org/10.1080/13811118.2023.2240870
Michalek, I.M., dos Santos, F.L.C., Wojciechowska, U., Didkowska, J. *Risk of suicide in patients with cancer aged 75 years or more – Follow-up of over 400,000 individuals.* Maturitas. 2023;175:107785.	2023	Poland	All cancers (not gynae-specific)	Cancer patients aged ≥75 years	Mixed	410,440	Retrospective cohort	National cancer & death registry (2009–2019)	Suicide death	Whole cohort: SMR = 1.64 (95% CI 1.43–1.87); Men: SMR = 1.70 (95% CI 1.47–1.95); Women: NS	Not specified	Elderly men had significantly higher suicide risk; lymphoma (SMR 2.83), lung (2.63), kidney (2.16), colorectal (1.96), urinary tract (1.86), prostate (1.40)	Male sex, specific cancers, early post-diagnosis (first 6 months)	None assessed	No data on psychiatric comorbidities; possible suicide underreporting	Highlights urgent need for early psychosocial support for older men with cancer in Wales—especially in the first 6 months	https://doi.org/10.1016/j.maturitas.2023.107785
Aboumrad, M., Shiner, B., Riblet, N., Mills, P.D., Watts, B.V. *Factors contributing to cancer-related suicide: A study of root-cause analysis reports.* Psycho-Oncology. 2018;27(9):2237–2244. DOI: 10.1002/pon.4815	2018	USA	Mixed cancer types	Veterans with cancer	Male only	64 RCA reports of cancer-related suicides (2002–2017)	Observational qualitative/retrospective	Veterans Health Administration root-cause analysis reports	Suicide death	Descriptive only (no quantitative risk estimates)	N/A	Depression and medical comorbidities in 59% of cases; pain in 47%; 67% occurred within 7 days of a medical visit, 41% within 24 hours	Depression, comorbidity, unmanaged pain, poor interdisciplinary communication, lack of suicide trigger recognition	Suggested: distress screening (e.g., NCCN thermometer), better interdisciplinary communication	Male-only, veteran sample; limited detail in RCA reports	Highlights systemic issues—Wales could benefit from mandated distress screening and stronger care-team communication, especially in palliative care	https://doi.org/10.1002/pon.4815
Zaorsky NG, Zhang Y, Tuanquin L, Bluethmann SM, Park HS & Chinchilli VM. *Suicide among cancer patients.* Nature Communications. 2019;10:207. DOI:10.1038/s41467-018-08170-1	2019	USA	All malignant cancers	8,651,569	Mixed	8.65M patients, 13,311 suicides	Retrospective population-based cohort	SEER registry (1973–2014)	Suicide death	Suicide rate = 28.58/100k person-years. SMR = 4.44 (95% CI 4.33–4.55) vs gen. pop.	Stratified by cancer site, sex, age, race, marital status, stage	Suicide risk >4× higher overall; 83% of suicides male, 92% white. Highest SMRs in lung, head & neck, testes, bladder, Hodgkin lymphoma (SMR >5–10). <39 yrs SMR ~37. Elevated risk within 1st year of diagnosis, then declining over time	Male sex, white race, younger age at diagnosis, unmarried, localised disease, high-risk sites (lung, head/neck, testicular, bladder, Hodgkin lymphoma)	None tested directly	Broad cancer mix masks site-specific nuances; no psychiatric or ideation data; US-based	Reinforces importance of early intervention in Wales post-diagnosis; highlights subgroups needing priority screening (younger, unmarried, male patients, certain cancers)	https://doi.org/10.1038/s41467-018-08170-1
Yang J., He G., Chen S., Pan Z., Zhang J., Li Y., & Lyu J. Incidence and risk factors for suicide death in male patients with genital-system cancer in the United States. European Journal of Surgical Oncology. 2019 Oct;45(10):1969–1976. doi:10.1016/j.ejso.2019.03.022	2019	USA	Male genital-system cancers (prostate, testicular, penile, etc.)	Adult male patients with genital-system cancers	Male only	SEER cohort (exact N not given in abstract)	Retrospective cohort, regression analysis	SEER registry	Suicide death	ORs: Age 18–66 vs ≥76 (OR = 3.30); Age 67–75 vs ≥76 (OR = 1.83); Unmarried (OR = 1.33); Divorced/separated/widowed (OR = 1.34); Caucasian (OR = 2.07); No/unknown surgery (OR = 1.40); <1 yr post-dx vs ≥10 yrs (OR = 1.76)	Age, marital status, race, treatment status, time since diagnosis	Early risk (<1 yr post-diagnosis) especially high. Younger men, white race, unmarried/divorced, and those not undergoing surgery most vulnerable.	Younger age, unmarried/divorced, white ethnicity, no surgery, first year post-diagnosis	None tested	Limited to registry data (no psychiatric/social context); male-only; US context	Reinforces need in Wales for early suicide-risk screening, especially among men with prostate/testicular cancers and those without strong support systems	https://www.sciencedirect.com/science/article/pii/S0748798319303506
Wan H., Zhan X., Xiong S., Chen T., Liu X., Deng X., Xu S., Fu B. *Trends in suicide mortality among prostate cancer survivors in the United States, 1975–2019. BMC Public Health.* 2024 Jan 5;24:101.	2024	USA	Prostate cancer	Men diagnosed with prostate cancer between 1975–2019	Male only	3,549,972 survivors (7108 suicide deaths)	Retrospective population-based cohort	SEER-8 registry	Suicide death	Overall SMR = 1.15 (95% CI: 1.09–1.20); SMR declined from 1.74 (1975–1979) to 0.99 (2015–2019) (Ptrend < 0.001)	Adjusted for age, race, year of death	Suicide risk among prostate cancer survivors was slightly elevated overall but has declined over time; however, some subgroups (age ≥85, Black/Other races, certain regions) showed no improvement.	Older age (85+), racial minority (Black/Other), geographic areas (Utah, New Mexico, Hawaii), earlier time periods	None assessed	Retrospective design; lacking data on psychiatric history, treatment timing, psychosocial support; US-specific	Shows progress over time, but persistent disparities, especially among older and minority prostate cancer survivors, signal where Wales should focus future support and equity in survivor care	https://doi.org/10.1186/s12889-023-17589-1
Kim YJ, Lee EJ, Shim SR, Kim JH. *Prostate Cancer and Suicide Risk: A Systematic Review and Meta-Analysis. World Journal of Men's Health* . 2025 (online early).	2025	Multi-country (review of global studies)	Prostate cancer	Men with prostate cancer vs control groups	Male only	4,987,941 pooled across 25 studies	Systematic review & meta-analysis	Published observational studies (e.g., registry data)	Suicide death	Pooled SMR: 1.251 (95% CI: 1.120–1.383); Pooled RR/HR: 1.712 (95% CI: 1.306–2.243)	Standardized across studies	Prostate cancer patients have significantly elevated suicide risk—approximately 25% higher (SMR) and 71% higher (RR/HR) than non-cancer controls. Risk persists across ages and follow-up periods.	Not specified in summary—risk higher across age bands and follow-up durations	Not assessed—recommend integrated psychiatric and psychosocial follow up	High heterogeneity across studies; lack of site-level detail; limited to mostly Western data	Indicates that Welsh prostate cancer pathways should include structured psycho-oncology interventions and risk management	https://doi.org/10.5534/wjmh.240168
Yang J., Liu H.-M., Qu X., Jiang F., Hao J.-W., Rong P.-R., Peng N., Zheng A.-J. *Developing a model for predicting suicide risk among prostate cancer survivors. Frontiers in Medicine* . 2025.	2025	China (SEER-based global data)	Prostate cancer	Survivors (SEER data 2010–2017)	Male only	238,534 (370 suicides)	Retrospective cohort; predictive modeling	SEER registry	Suicide death	High-risk group had 3.5× higher risk vs low-risk (0.007 vs 0.002); Model C-index = 0.702 (train), 0.688 (validation); ROC AUCs at 3, 5, 10 years range 0.644–0.735	Age, race, marital status, household income, PSA levels, M stage, surgery	A validated nomogram predicts suicide risk with good accuracy; high-risk patients identified early can be targeted for intervention	Age, race, marital status, income, PSA, advanced stage, lack of surgery	Provides a structured tool to identify high-risk individuals proactively	Offers a framework for Wales to adopt predictive tools for stratifying prostate cancer survivor risk and informing early psychosocial referrals	Offers a framework for NHS Wales to adopt predictive tools (e.g., nomograms) that stratify prostate cancer survivors by suicide risk. This could guide early psychosocial referrals and targeted mental health support, especially in high-risk groups (older, unmarried, advanced disease).	https://doi.org/10.3389/fmed.2025.1483266
Martínez-Calderón et al. *Suicidal Ideation, Suicide Attempts, and Suicide Mortality in Cancer: An Overview of Systematic Reviews with Meta-Analysis. Cancers.* 2025.	2025	Global (systematic reviews)	Various cancer types (prostate, bladder, etc.)	Cancer patients across multiple reviews	Mixed	Includes over 12 systematic reviews; not patient-level	Overview of systematic reviews with meta-analyses	Review of databases (PubMed, Embase, CINAHL, PsycINFO) up to Feb 2024	Suicidal ideation, attempts, suicide mortality	Prostate cancer ideation prevalence ~9.85%; RR ~2.01 in first year post-diagnosis (DOI)	Meta-analysis methods, AMSTAR 2 for quality	Gist: Suicide risk is elevated in cancer patients, with prostate and bladder cancers showing notable ideation risk; multiple factors like gender, stage, mental health, demographic influences matter (MDPI)	Risk factors include gender, cancer site, disease stage, prior mental illness, socioeconomic and geographic context (MDPI)	No specific interventions assessed	Heterogeneity across included reviews; lack of continent-specific breakdown; limited data on interventions (MDPI)	Emphasises that suicide risk transcends oncology silos—Wales needs standard screening protocols across all cancer services to catch ideation early and target support accordingly	https://doi.org/10.3390/cancers17111788
Alanee S., Russo P. *Suicide in men with testis cancer.* European Journal of Cancer Care. 2012;21(6):817–821. DOI: 10.1111/j.1365-2354.2012.01366.x	2012	USA	Testicular cancer	Men with testicular cancer	Male only	Not specified	Retrospective cohort (registry-based)	SEER-linked analyses (per summary)	Suicide death	20% increased risk of suicide vs general male population	Likely age-standardised; specifics not reported in summary	Men diagnosed with testicular cancer had a 20% higher suicide risk than general male population	Younger age (especially <30 years) implied higher risk in narrative sources	None reported	Limited details (abstract-level only), small sample for rare outcome	Signals for Wales that testicular cancer survivors—often younger men—also warrant suicide risk screening and support, not just high-mortality cancers	https://doi.org/10.1111/j.1365-2354.2012.01366.x
Fall K., Fang F., Valdimarsdóttir U., Ye W., Sparén P., Stattin P., et al. *Suicide Risk in Men with Prostate-Specific Antigen–Detected Early Prostate Cancer: A Nationwide Population-Based Cohort Study from PCBaSe Sweden. European Urology.* 2009;55(3):636–643.	2009	Sweden	Prostate cancer	Men diagnosed 1997–2006 (PSA-detected vs advanced disease)	Male only	77,439 men with prostate cancer; 128 suicides	Retrospective cohort	PCBaSe Sweden (Swedish National Prostate Cancer Register + Cause of Death Register + census data)	Suicide death	Overall SMR = 1.5 (95% CI 1.3–1.8). PSA-detected T1c tumours: SMR = 1.0 (95% CI 0.6–1.5). Locally advanced non-metastatic: SMR = 2.2 (95% CI 1.6–2.9). Metastatic: SMR = 2.1 (95% CI 1.2–3.6).	Age-standardised SMRs	Suicide risk not elevated in PSA-detected early tumours, but doubled in men with locally advanced or metastatic prostate cancer	Advanced stage (local or distant), not PSA-detected tumours	None evaluated	No psychiatric or comorbidity data; observational	For Wales, findings suggest suicide risk screening should focus on **men with advanced prostate cancer**, while PSA-detected early cases may not have the same elevated risk	https://doi.org/10.1016/j.eururo.2008.09.011
Kinslow, C.J. et al. *Prognosis and risk of suicide after cancer diagnosis. Cancer* . 2024;130(10):2040–2048.	2024	USA	All cancers (general)	Adults with cancer (SEER registry)	Mixed	6,754,704	Retrospective cohort	SEER registry	Suicide death	1,610 suicides in first 6 months; SMR = 3.1; rate 54 vs 17 per 100,000 PY in general population	Cancer prognosis (% 2-year survival) highly predictive—9.5 % increased suicide risk per 1% lower 2-year survival	Cancer patients are 3× more likely than the general population to die by suicide in the first 6 months post-diagnosis; worse prognosis strongly linked to higher risk	Poor prognosis (lower survival), older age, male sex, late stage	None assessed	Registry-only; lacks psychiatric/social variables; US-focused	Highlights the importance in Wales of early psychosocial screening—particularly for patients with low survival prognosis—so interventions can be targeted when risk is highest	https://doi.org/10.1002/cncr.35118

Hunsberger, K.S., et al. *Suicide Rates of Cervical Cancer Patients in the United States – Who is Most at Risk?* Gynecologic Oncology. 2025.	2025	USA	Cervical cancer	Women with cervical cancer (ages 15–70+, SEER registry 2000–2020)	Female only	69,493	Retrospective cohort	SEER registry	Suicide death	SMR ~8.8× higher vs general population; SMR 18.9 in ages 15–29	Age, race/ethnicity, treatment type, stage	Young women and early-stage patients without chemo had highest suicide risk; delayed treatment correlated with shorter time to suicide	Younger age, White race, localized-stage, no chemotherapy, treatment delay	None tested; authors suggest targeted support	Registry data; lacks psychiatric or social data; US only	Underscores risks for young women with cervical cancer in Wales; supports case for early psychosocial screening	https://doi.org/10.1016/j.jcpo.2025.100586
Ward, K.K., et al. *Women with gynecologic malignancies have a greater risk of suicide than women with other cancer types.* Gynecologic Oncology. 2012.	2012	USA	Gynaecological cancers (ovarian, cervical, endometrial, uterine) vs non-gynae cancers	Women with gynecological cancers compared to women with other cancers	Female only	Large registry cohort (exact N not reported in abstract)	Retrospective cohort analysis	SEER registry	Suicide death	1.3× higher risk of suicide in gynae cancers vs women with non-gynae cancers	Not reported (abstract only)	Women with gynaecological cancers had significantly greater suicide risk compared to other cancer groups	Diagnosis of gynaecological cancer	None reported	Limited info (abstract only); no confounder adjustments listed	Demonstrates clear need for targeted psycho-oncology services in Wales for gynae cancers	PMC link
Rahouma M., et al. Lung cancer patients have the highest suicide risk among major cancers (SEER 1973–2013).	2018	USA	Lung cancer (vs colon, breast, prostate comparators)	Adults with lung cancer across stages	Mixed	>170,000 lung CA within 3.64M cancers	Retrospective cohort	SEER registry	Suicide death	Lung **SMR ~4.17**; male widowed **SMR ~8.8**; age 70–75 **SMR ~12**; metastatic **SMR ~13.9**; refusal of surgery **SMR ~13**	Site, age, sex, histology, stage, treatment	Lung cancer shows **highest suicide risk**; **median 7 months** from dx to suicide; very high risk in older/widowed men with advanced or small-cell disease	Male sex; older age; widowed; advanced stage; small-cell; no surgery	None	Registry-only; US context	Strong signal to front-load support in Welsh lung cancer services, esp. for older/widowed men	https://ecancer.org/en/news/15177-lung-cancer-patients-are-at-the-highest-risk-of-suicide (summary of study)
Yu X., et al. Suicidal ideation among lung cancer patients: a mixed-methods study. *Frontiers in Oncology/Medicine* (2023).	2023	China	Lung cancer	Hospital cohort (n=366); subset qualitative interviews (n=8)	Mixed	366 (quant)	Mixed-methods: cross-sectional survey + qualitative interviews	Hospital survey + interviews	Ideation (prevalence + themes)	**22.7%** reported recent SI; regression links late stage & symptom burden to SI	Stage, symptom load, sex, satisfaction	Heavy symptom burden + advanced stage + male sex increase SI; qualitative theme of **perceived burdensomeness** and isolation	Advanced disease; high symptom load; male sex; low satisfaction; stigma	None (recommendations offered)	Single-centre; cultural context; self-report	Practical levers for Welsh clinics: routine SI check, symptom management, visible support offers	https://www.frontiersin.org (study page)
Chen W., et al. Suicide risk among patients with oesophageal carcinoma: SEER 1975–2016. *Scientific Reports* (Nature Research).	2021	USA	Oesophageal cancer	Adults, both sexes, mixed stages	Mixed	SEER cohort (size not specified here)	Retrospective cohort	SEER 18 registries	Suicide death	Overall **SMR 5.45**; **first 2 months SMR >200**; year-1 **SMR ~21**; male **HR ~6.4**	Age, sex, marital status, grade, treatment	Extremely acute early-post-dx risk; older unmarried men without treatment most vulnerable	Male sex; older age; unmarried; high grade; **no surgery/chemo**	None	Registry-only; lacks psychosocial detail	Direct pointer for Welsh UGI (oesophageal) pathways: early mental-health triage	https://www.nature.com (article page)
Fidler M.M., et al. Suicide among adolescents and young adults with cancer: the PolSCa study. *Supportive Care in Cancer* (Springer).	2023	Poland	All cancers in AYA (15–39)	National AYA cohort 2009–2019	Mixed	50,298 (AYAs); suicides ascertained via linkage	Nationwide cohort with mortality linkage	Polish Cancer Registry + death records	Suicide death	Overall **SMR ~2.4** vs general AYA; **female SMR ~4.2**, male ~2.2; **testicular SMR ~2.5** (2–3 & 5–10 yrs)	Age/sex/site/years from dx	AYAs have markedly higher suicide risk vs peers; relative increase greater in **young women**; notable risk windows years after dx	Female AYA; testicular cancer in men; specific survivorship windows	None	Registry-only; Poland context	Map to Welsh AYA services; ensure survivorship-phase screening (esp. testicular; young women)	https://link.springer.com (article page)
Harashima, Y., & Fujimori, M. *Risk of suicide among adolescents and young adults with cancer and a need for targeted interventions.* Annals of Translational Medicine. 2020.	2020	Japan (editorial based on international evidence)	Various AYA cancers (esp. breast & cervix uteri; excludes leukemia, lymphoma, testicular cancer)	Adolescents & young adults (15–39 years), across stages	Mixed	Not applicable (editorial)	Editorial/commentary	Literature synthesis	Suicide risk (suicidal ideation and suicide death)	Not reported	Not applicable	AYAs with cancer face elevated suicide risk, especially within first year post-diagnosis; psychosocial burden significant even in early/localized stage cancers.	Body image changes; fertility concerns; sexual dysfunction; education/work disruption; inadequate psychosocial support	None directly studied; call for tailored psychosocial/suicide prevention interventions	Editorial only, no primary data or effect sizes	Underserved AYA cancer patients in Wales may face similar risks; underlines importance of linking counselling services	https://doi.org/10.21037/atm.2020.02.180
Gunnes, MW et al. *Adult life challenges in survivors of young age cancer: A Norwegian national cohort study focusing on reproduction, economic independence and violent deaths.* Int J Cancer.	2017	Norway	Various cancers diagnosed <25 (notably bone/soft tissue sarcomas, CNS tumours, testicular)	National cohort of individuals diagnosed <25, followed into adulthood	Mixed	1,218,013 (total cohort); 5,440 cancer survivors	National cohort study (registry linkage)	Cancer Registry of Norway, Causes of Death Registry, National Registry	Suicide death; non-suicidal violent death	Suicide HR = 2.5 (95% CI 1.7–3.8); Childhood dx 0–14: HR = 2.3 (95% CI 1.2–4.6); Adolescence/YA dx 15–24: HR = 2.6 (95% CI 1.5–4.2)	Age at diagnosis, cancer type, sex (implied in registry linkage)	Young survivors of cancer have significantly higher suicide risk than peers; non-suicidal violent deaths not elevated (HR = 1.0; 95% CI 0.6–1.7).	High risk: survivors of bone/soft tissue sarcomas, CNS tumours, testicular cancer; early age at dx.	None evaluated	Absolute numbers of suicides low (24 cases); registry data lacks psychosocial context; cannot capture ideation/self-harm.	In Wales, highlights need for survivorship pathways with psychological support for AYA cancer patients transitioning into adulthood.	https://doi.org/10.1002/ijc.30474
Yonemoto, N. & Kawashima, Y. *The prevalence of suicidal behaviors in childhood, adolescent and young adults cancer survivors: A systematic review and meta-analysis.* Journal of Affective Disorders Reports. 2025.	2025	Global (systematic review)	CAYAC survivors (various)	Survivors diagnosed before age 25, across studies	Mixed	38 studies (26 cohort + 12 cross-sectional)	Systematic review & meta-analysis	Multiple databases (MEDLINE, Embase, CINAHL, PsycINFO, Cochrane, refs)	Suicide death; suicide attempt; suicidal ideation	Suicide death: 0.152 % (95 % CI: 0.103–0.209); Suicide attempt: prevalence 2.2 % (95 % CI: 1.9–2.6); Suicidal ideation: 9.2 % (95 % CI: 7.8–10.6)	Not specified	CAYAC survivors show low absolute suicide death rates but elevated suicidal ideation and attempts compared to general populations.	Risk varies by age, cancer type, and treatment—but specifics not fully detailed.	None evaluated	High heterogeneity; outcome measures inconsistently identified across studies; meta-regression found no significant predictors.	Suggests Wales should proactively incorporate long-term mental health surveillance and suicide risk assessment into follow-up care for young cancer survivors.	https://doi.org/10.1016/j.jadr.2024.100858
Hofmann, L. et al. *Suicide Mortality Risk among Patients with Lung Cancer – A Systematic Review and Meta-Analysis.* Int J Environ Res Public Health.	2023	Global (23 studies; USA/Asia/Europe subgroups)	Lung cancer (various subtypes, stages)	Patients diagnosed with lung cancer across cohorts	Mixed	12 non-overlapping studies (subset of 23)	Systematic review & meta-analysis	Multiple databases up to Feb 2021	Suicide death	Overall SMR = 2.95 (95% CI 2.42–3.60); USA SMR = 4.17 (CI 3.88–4.48); Late-stage SMR = 4.68 (CI 1.28–17.14); Within 1 year post-dx SMR = 5.00 (CI 4.11–6.08); SCLC SMR = 7.50 (CI 6.59–8.54); NSCLC SMR = 4.33 (CI 3.62–5.18); Similar elevated SMR for men (~3.27) and women (~3.32)	None specified beyond stratified subgroup analyses	Lung cancer patients have nearly 3-fold higher suicide mortality risk vs general population, with peak risk in first year post-diagnosis and in SCLC patients.	Small-cell lung cancer, late stage, USA region, early post-diagnosis	None evaluated	High heterogeneity between studies; observational design; confounders (e.g., smoking, depression) underexplored	Lung cancer is highly prevalent in Wales—this strengthens rationale for prioritized mental health screening in lung cancer services	https://www.mdpi.com/1660-4601/20/5/4146
Tang, W., Zhang WQ, Hu SQ, Shen WQ, Chen HL. *Incidence and risk factors of suicide in patients with lung cancer: a scoping review.* Support Care Cancer. 2022.	2022	Global (scoping review of multiple countries)	Lung cancer	Adults diagnosed with lung cancer (no age restriction)	Mixed	23 studies identified	Scoping review	PubMed, Web of Science	Suicide death (not ideation or attempts)	SMR range: 2.04–13.4 in early years post-dx; declines to 0.66–3.17 later	Not specified; descriptive	Lung cancer patients show significantly higher suicide death rates, particularly early after diagnosis (median ~7 months) (DOI)	Male gender; poor prognosis; unmarried/widowed; age >70 years (DOI)	None evaluated	Based on limited available studies; no data on ideation/attempts; heterogenous methods	Very relevant — supports targeted early support for high-risk lung cancer patients in Wales	https://doi.org/10.1007/s00520-021-06604-z
Kim, E., Woo, W., Lee, S., & Kang, H.-T. *Long-Term Analysis of Suicide Incidence Among Patients with Lung Cancer: A Population-Based Longitudinal Study.* J Clin Med. 2025;14(12):4070.	2025	South Korea	Lung cancer	Patients diagnosed in 2008 (all stages)	Mixed	4,495	Population-based longitudinal cohort	Korean National Health Insurance Database (linked to national death registry)	Suicide death	28 suicides (0.62%) total; HR surgery vs non-surgery = 0.47 (95% CI 0.18–1.20, p = 0.115)	Adjusted for medical history, sociodemographics, lifestyle, comorbidity	Suicide risk elevated long-term post-diagnosis; similar trends across surgery and non-surgery groups despite protective factors in surgical group	Older age, comorbidities, lower income, lower physical activity (non-surgery group)	None evaluated	Small number of events, single country (homogeneous), older cohort (2008) may not reflect current treatments	Strong case for universal suicide screening in lung cancer services across Wales	https://doi.org/10.3390/jcm14124070
Sullivan, D. R. et al. *Incidence of Suicide and Association with Palliative Care among Patients with Advanced Lung Cancer.* Ann Am Thorac Soc. 2018;15(11):1357–1359.	2018	USA (Veterans Affairs)	Advanced-stage lung cancer (IIIB + IV)	Lung cancer patients in VA system	Mixed	20,900	Registry-based cohort analysis	VA Central Cancer Registry & Suicide Data Repository	Suicide death	Rate: 200 per 100,000 person-years vs expected 37.5; OR for palliative care: 0.18 (95% CI 0.07–0.46)	Likely age, sex, year (via adjusted rates)	Advanced lung cancer patients have over 5× suicide risk compared to peers; palliative care was linked with an 82% reduction in suicide risk.	Lack of palliative care engagement	Palliative care may be a powerful protective factor — integrate early in care.	Suggests early integration of palliative care could greatly reduce suicide risk in advanced lung cancer patients in Wales.		https://doi.org/10.1513/AnnalsATS.201805-299RL
Chen, C., et al. *Risk factors associated with suicide among esophageal carcinoma patients from 1975 to 2016.* Sci Rep. 2021;11:18766.	2021	USA	Esophageal carcinoma	Esophageal cancer patients diagnosed 1975–2016	Mixed	69,773	Registry-based cohort study	SEER database	Suicide death	Suicide rate: 125.28 per 100,000 person-years; SMR overall: 5.45 (95% CI 4.66–6.35); SMR males: 12.72 (95% CI 10.81–14.86); SMR females: 2.47 (95% CI 1.20–4.53)	Age at diagnosis, sex, race, tumor grade, treatment (surgery, chemo)	Esophageal cancer patients had a ~5.5-fold higher suicide risk versus general population, peaking within first months post-diagnosis.	Male sex (HR 6.37); age 70–105 vs 0–55 (HR 2.69); white vs black race (HR 6.64); other races vs black (HR 8.60); grade III vs I (HR 2.36); no surgery (HR 2.01); no chemotherapy (HR elevated)	None evaluated	Based on registry data; lacks psychosocial context; applies to US population—transferability may vary	Esophageal cancer also carries high mortality in Wales; underscores need for similar vigilance in patient support systems	https://doi.org/10.1038/S41598-021-98260-W
Chen, J., Ding, X., Peng, X., & Hu, D. *Suicide in Digestive System Cancers: A Scoping Review.* Int J Ment Health Promot. 2023.	2023	Global (21 studies across US, Korea, China, Canada, England, Lithuania, Sweden)	Digestive system cancers (pancreatic, esophageal, gastric, colorectal, liver)	Patients with digestive system cancers—various stages	Mixed	Studies ranged from 32 to 1,221,322 individuals	Scoping review	Web of Science, PubMed searches through Jan 2022	Suicide death, ideation, attempts	One study reported 32.8 per 100,000 person-years; SMR = 1.91	Not specified	Digestive cancer patients have nearly double the general suicide rate; highest risk in pancreatic, esophageal, gastric cancers; risk peaks early post-diagnosis	Male sex; older age; white race; single marital status; advanced stage; metastasis	None evaluated	Heterogeneous studies, majority retrospective; limited prospective data	Digestive cancers (e.g. gastric, colorectal, liver) are common in Wales—this underscores the need for tailored mental health support pathways	https://doi.org/10.32604/ijmhp.2022.022578
Anderson, C. et al. *Suicide rates among patients with cancers of the digestive system.* Psycho-Oncology. 2018.	2018	USA	Digestive system cancers (esophageal, pancreatic, stomach, liver, others)	Patients diagnosed 2000–2014 with digestive cancers	Mixed	856,293	Registry-based cohort	SEER database	Suicide death	Overall rate = 32.8 per 100,000 person-years; SMR = 1.91 (95% CI 1.79–2.04); Highest SMRs: esophageal = 5.03, pancreatic = 5.28, stomach = 2.84, liver = 2.14	Age, sex, race adjustments	Digestive cancer patients have nearly double the suicide rate vs general population; highest among esophageal and pancreatic cancers.	Older age at diagnosis; higher for esophageal and pancreatic sites	None evaluated	Lacks psychosocial data, US-specific	Digestive cancers are significant in Wales and this supports early mental health integration	https://doi.org/10.1002/pon.4827
Twigg JA et al. *Best practice in reducing the suicide risk in head and neck cancer patients: a structured review.* Br J Oral Maxillofac Surg. 2020;58(9):e6–e15.	2020	UK (Structured review, international studies)	Head & neck cancers	HNC patients across stages, pre/during/post treatment	Mixed	19 studies included	Structured review	MEDLINE, Embase, CINAHL, PsycINFO, CENTRAL	Suicide death; suicidal ideation	SMR ranged from ~1.2× to ~6× compared with general population	Varies by individual studies included	Suicide risk is significantly elevated in HNC patients—higher than many other cancer sites—with emotional distress across treatment periods; evidence on interventions is scarce.	Male, white, single, pre-existing mental health or substance use issues	One RCT of citalopram capturing suicidal ideation (not powered for suicide outcomes); nortriptyline + psychotherapy intervention showed long-term maintenance effect (small sample)	Limited interventional evidence; heterogeneity across studies; small sample sizes	HNC incidence rising in Wales; these findings support embedding mental health and suicide prevention strategies in HNC clinical pathways	https://doi.org/10.1016/j.bjoms.2020.06.035
Nassar, S. I., et al. *Risk Factors for Suicide Among Head and Neck Cancer Patients: A Systematic Review and Meta-Analysis.* Hed. 2025.	2025	Global (multiple countries)	Head & neck cancers	HNC patients across included studies	Mixed	1,610,031 HNC & 16,857,218 non-HNC cancer patients	Systematic review & meta-analysis	Reviews through June 2024	Suicide death	RR HNC vs non-HNC cancer: 2.369; HNC vs general population: 26.991; RR Non-Hispanic ethnicity: 3.773; Male sex: 2.721; Oropharyngeal: 1.241; Laryngeal: 1.182; Lower risk: Black (0.316), Hispanic (0.265), Female (0.367)	Not specified	HNC patients have substantially higher suicide risk; disparities by sex and ethnicity exist.	Increased risk: non-Hispanic, male, oropharyngeal or laryngeal cancer. Decreased risk: Black, Hispanic, female.	None evaluated	Based on aggregated literature—variability and lack of granular context.	Reflects high-risk subgroups in Wales (e.g., men with laryngeal/oropharyngeal cancer)—valuable for targeting psychosocial resources.	https://doi.org/10.1002/hed.28145
Baluni, P., Singh, R., Bhutani, R., & Mishra, A. *The impact of emotional distress on suicidal ideation in head and neck cancer patients: A review.* Oral Oncology Reports. 2024;11(9):100562.	2024	Global (structured review)	Head & neck cancers	HNC patients at various treatment stages	Mixed	Not specified	Review	Literature from Oral Oncology Reports	Suicidal ideation	Not reported	Not specified	Emotional distress in HNC patients significantly contributes to suicidal ideation, especially linked to appearance changes and functional impairment.	Disfigurement, speech/swallow impairments, social isolation, treatment side effects	None evaluated	Abstract-level data only; lacks quantitative metrics and detailed methodology	In Wales, these findings emphasize the importance of embedding emotional support and ideation screening in HNC services	https://doi.org/10.1016/j.oor.2024.100562
Kam, D., Salib, A., Gorgy, G., et al. *Incidence of Suicide in Patients With Head and Neck Cancer.* JAMA Otolaryngol Head Neck Surg. 2015;141(12):1075–1081.	2015	USA (SEER database)	Head & neck cancers	HNC patients diagnosed 1973–2011	Mixed	350,413	Retrospective registry cohort	SEER program	Suicide death	Overall SMR = 3.21 (based on 37.9 vs 11.8 per 100,000 person-years); Radiation alone SMR = 5.12 (95% CI 3.83–6.41); Surgery alone SMR = 2.57 (95% CI 1.66–3.49); Hypopharynx SMR = 13.91 (95% CI 11.78–16.03); Larynx SMR = 5.48 (95% CI 4.14–6.81)	Age, sex, race adjustment	HNC patients have >3× suicide rate vs general-population; risk especially high for hypopharynx and larynx cancers and after radiation-only treatment.	Tumor site (hypopharynx, larynx), treatment type (radiation only), male sex, older age, unmarried status	None evaluated	SEER data lacks psychosocial context; US cohort may limit generalisability	Head & neck cancers are an increasing concern in Wales—highlights key groups for targeted support	https://doi.org/10.1001/jamaoto.2015.2480
Kim YJ et al. *Prostate Cancer and Suicide Risk: A Systematic Review and Meta-Analysis.* World J Men's Health. 2025.	2025	Global (mainly Western countries + some Korean studies)	Prostate cancer	Adult men diagnosed with prostate cancer	Male only	~4,987,941	Systematic review & meta-analysis	PubMed, Embase, Cochrane Library searches up to May 2024	Suicide death	Pooled SMR = 1.251 (95% CI 1.120–1.383); Pooled RR/HR = 1.712 (95% CI 1.306–2.243)	Age, follow-up period, diagnosis timing (via subgroup analyses)	Prostate cancer is associated with a **significantly higher suicide risk**, sustained across age groups and time periods.	Older age, unmarried status, white ethnicity, advanced disease, long-term risk (>15 yrs post-diagnosis)	None evaluated	High heterogeneity in methodology, mixed geography, limited detail on confounders	Prostate cancer is common in Wales—this underlines the urgency of mental health pathways tailored to men	https://doi.org/10.5534/wjmh.240168
Crump, C., et al. *Long-term Risks of Depression and Suicide Among Men with Prostate Cancer: A National Cohort Study.* European Urology. 2023;84(3):263–272.	2023	Sweden	Prostate cancer (high-risk, low/intermediate)	Men diagnosed 1998–2017 (180,189) vs age-matched controls (1,801,890)	Male only	180,189 PC patients; 1,801,890 controls	Population-based cohort analysis	National outpatient, inpatient, death registries	Major depression; suicide death	High-risk PC: aHR 1.82 (1.75–1.89) for depression; aHR 2.43 (2.01–2.95) for suicide. Suicide risk higher with ADT only: aHR 2.83 (1.80–4.43)	Adjusted for sociodemographics, comorbidities	High-risk PC strongly linked with long-term elevated rates of depression and suicide. Low/intermediate-risk had modest short-term increase.	Treatment type—ADT only vs surgery/radiation mitigated depression risk; high-risk vs lower risk	None evaluated	Single-country (Sweden); generalizability may vary	Highlights the need for sustained mental health care for PC survivors in Wales, especially those on ADT	https://doi.org/10.1016/j.eururo.2023.04.026

Pham, T. T., Talukder, A. M., Walsh, N. J., Lawson, A. G., Jones, A. J., Bishop, J. L., Kruse, E. J. *Clinical and epidemiological factors associated with suicide in colorectal cancer.* Support Care Cancer. 2019;27(2):617–621.	2019	USA	Colorectal cancer	CRC patients diagnosed 1988–2010	Mixed	884,529	Registry-based cohort	SEER database linked with US mortality data	Suicide death	SMR = 1.53 (95% CI 1.13–1.33); OR White vs non-White = 2.28 (95% CI 1.89–2.75); OR Male vs Female = 5.64 (95% CI 4.85–6.54)	Demographic variables	CRC patients had a 1.5× higher suicide risk than the general population. Within CRC: males, whites, and distal tumors had significantly higher risk.	Male sex, white race, tumor in the sigmoid/rectosigmoid region	None evaluated	Registry data lacks psychosocial context; US-based—interpret with caution for Wales	CRC is common in Wales; this supports suicide risk stratification in multidisciplinary services	https://doi.org/10.1007/s00520-018-4354-3
Llorente, M. D., et al. *Prostate cancer: a significant risk factor for late-life suicide.* Am J Geriatr Psychiatry. 2005;13(3):195-201.	2005	USA (South Florida)	Prostate cancer	Men aged ≥65 diagnosed with prostate cancer	Male only	667 suicides (20 in prostate cancer group)	Population-based retrospective cohort	Death records and population data (1983–1993)	Suicide death	Suicide rate — Prostate cancer: 274.7 per 100,000 vs general men: 55.3 per 100,000; **RR = 4.24**	Not specified; age/gender-matched cohort	Men ≥65 with prostate cancer had a **4.2× higher suicide rate** than peers; 80% had diagnosis within 6 months of suicide, 70% had depression, 60% saw a physician within a month, 70% were foreign-born.	Older age (≥65), recent cancer diagnosis (<6 months), depression, being foreign-born, physician contact	None evaluated	Limited to South Florida men; dated cohort; lacks details on stage, treatments	Wales has a growing older prostate cancer population—this reinforces the need for age-tailored screening and support	https://pubmed.ncbi.nlm.nih.gov/15728750/
Larsson, C., et al. *Suicide after colorectal cancer—a national population-based study.* Colorectal Disease. 2024;26(7):1370–1377.	2024	Sweden	Colorectal cancer (colon & rectal)	Patients diagnosed 1997–2006 (rectal) & 2008–2016 (colon), operated	Mixed	55,578 with CRC vs 307,888 matched controls	National cohort study	CRCBaSe register database	Suicide death	HR = 1.86 (95% CI 1.18–2.95)	Adjusted for age, sex, region	Suicidal risk nearly doubled in the first year after CRC diagnosis; risk higher in men.	Male sex (HR 2.08; 95% CI 1.26–3.42); non-surgical patients: HR = 7.03 (95% CI 3.10–15.91)	None evaluated	Limited to operated patients in main analysis; non-operative group small; Swedish context only	CRC has high incidence in Wales—this adds strong rationale for early mental health support in CRC pathways	https://doi.org/10.1111/codi.17047
Dourado, J. et al. *Risk factors for suicide in patients with colorectal cancer: A Surveillance, Epidemiology, and End Results database analysis.* Surgery. 2025.	2025	USA	Colorectal cancer	CRC patients diagnosed 2000–2020 (SEER database)	Mixed	309,561	Retrospective cohort (registry analysis)	NCI SEER	Suicide death	0.34 % suicide rate overall; dropped from 1 % (2000–2010) to 0.05 % (2011–2020), p < 0.001	Odds ratios adjusted for demographics, stage, income	Male, non-Hispanic, lower income (< $75k), and metastatic disease increased suicide risk; suicide rates dropped significantly over the last decade.	Male sex (OR 6.44), non-Hispanic (OR 2.84), income <$50k (OR 1.84), $50–75k (OR 1.79), metastatic disease (OR 2.89)	None evaluated	US-focused; lacks psychosocial variables; no analysis of timing post-diagnosis	CRC is prevalent in Wales — this signals a pressing need for socioeconomically and disease-stage sensitive suicide screening in Welsh CRC care pathways	[DOI:10.1016/j.surg.2024.09.023]
Choi, J. W., & Park, E.-C. *Suicide risk after cancer diagnosis among older adults: A nationwide retrospective cohort study.* J Geriatr Oncol. 2020;11(5):814–819.	2020	South Korea	Various cancers (bladder, head & neck, liver, lung, stomach) in older adults	Adults aged 62–115 years, newly diagnosed with cancer vs matched non-cancer participants	Mixed	259,688 total; 64,922 cancer patients	Retrospective cohort with propensity-score matching	National Health Insurance Service-Senior Cohort data	Suicide death	Overall AHR = 2.05 (95% CI 1.64–2.56); Bladder AHR 4.77 (CI 2.53–8.99); Head & neck: 2.28 (CI 1.47–3.54); Liver: 2.99; Lung: 1.98; Stomach: 2.40	Age, sex, Charlson comorbidity index, index year (via propensity matching)	Older cancer patients had over twice the suicide risk compared to peers; almost 36% of suicides occurred within the first year after diagnosis.	Prior mental disorder (AHR 2.98); cancer types with poor prognosis (bladder, head & neck, liver, lung, stomach)	None evaluated	Based on South Korean population; generalisability to Wales may vary; limited to older adults	Elderly cancer patients in Wales deserve timely psychosocial screening, particularly those with high-risk cancer types and prior mental health conditions	https://doi.org/10.1016/j.jgo.2019.11.006
Sugawara, A. & Kunieda, E. *Suicide in patients with gastric cancer: a population-based study.* Jpn J Clin Oncol. 2016;46(9):850–855.	2016	USA (SEER-based)	Gastric cancer	Patients diagnosed 1998–2011	Mixed	65,535 patients (109,597 person-years)	Population-based cohort (registry)	SEER database	Suicide death	Age-adjusted suicide rate: 34.6 per 100,000 p-yrs; SMR = 4.07 (95% CI 3.18–5.13); highest SMR in first 3 months: 67.67 (95% CI 40.74–106.15)	Not specified	Gastric cancer patients had approximately 4× higher suicide risk than general population; risk peaked dramatically in the first 3 months post-diagnosis (~68× higher).	Male (IRR 7.15), White race (IRR 3.23), Unmarried (IRR 2.01), Distant-stage disease (IRR 2.90)	None evaluated	Retrospective; lacks psychosocial confounders; limited to US context	Gastric cancer is significant in Wales—early identification and mental health response for high-risk groups could save lives	https://doi.org/10.1093/jjco/hyw075
Bowden, M. B., et al. *Demographic and Clinical Factors Associated with Suicide in Gastric Cancer in the United States.* J Gastrointest Oncol. 2017;8(5):897–901.	2017	USA	Gastric cancer	Patients diagnosed 1973–2013	Mixed	210 suicides in cohort (SEER data)	Registry-based cohort study	SEER database	Suicide death	SMR overall = 3.21 (95% CI 2.80–3.67); Female SMR = 8.54; White race = 4.08; Age ≤39 = 3.06; Age 70–79 = 2.90	Not specified	Gastric cancer patients had a more than 3-fold elevated suicide risk; majority (77%) occurred within the first year post-diagnosis.	Female gender, White race, Age ≤39, Age 70–79	None evaluated	Retrospective, US-based, lacks psychosocial variables	Gastric cancer is significant in Wales—this supports early mental health triage especially for highlighted high-risk groups	https://doi.org/10.21037/jgo.2017.08.02
Liu, Q., Yang, F., László, K. D., et al. *Suicide Attempt and Suicide Death Among Spouses of Patients With Cancer.* JAMA Oncol. 2024;10(10):1323–1330.	2024	Denmark	Spouses of cancer patients (all cancer types)	Individuals married to someone diagnosed with cancer, compared to matched spouses with no cancer diagnosis	Mixed	Exposed: 409,338; Unexposed: 2,046,682	Nationwide retrospective cohort	Danish Medical and Death Registries	Suicide attempt & suicide death	Suicide attempt HR = 1.28 (95% CI 1.23–1.34); Suicide death HR = 1.47 (95% CI 1.35–1.60)	Adjusted for sex, age, year, income, cancer history	Spouses of cancer patients face increased risk of attempting suicide and dying by suicide, especially within one year of diagnosis.	Advanced cancer stage, spouse's death after diagnosis, lower income, no shared children	None evaluated	Based on Danish data—may differ in other cultural contexts	Highlights that spouses in Wales may similarly need screening and support in oncology care pathways	https://doi.org/10.1001/jamaoncol.2024.3036
Crump, C., & Sieh, W. *Hidden Morbidity in Cancer Care — Mental Health in Spouses.* JAMA Oncol. 2024;10(10):1317–1318.	2024	USA	All cancers (spouses)	Spousal caregivers of cancer patients	Mixed	Not applicable	Commentary	N/A	Psychosocial distress	Not applicable	Not applicable	Emphasizes that spouses of cancer patients often experience significant mental health burden that's overlooked in oncology care (jamanetwork.com, pubmed.ncbi.nlm.nih.gov, en.wikipedia.org)	Caregiver distress, lack of mental health screening	None evaluated	Commentary—no empirical data	Highlights an often-overlooked gap—spousal caregivers in Wales warrant integrated mental health support	https://doi.org/10.1001/jamaoncol.2024.2903
Molina, N., et al. *Suicidal Ideation in Bereavement: A Systematic Review.* Behavioral Sciences. 2019;9(5):53.	2019	Global (studies from multiple regions)	Not cancer-specific (includes cancer bereavement)	Bereaved individuals, including caregivers of cancer patients	Mixed	21 studies (7 cancer-bereaved samples)	Systematic review (PRISMA)	PsycINFO, MEDLINE, Web of Science	Suicidal ideation (SI)	Prevalence: 12% pre-loss; 16.5% post-loss in cancer-bereaved caregivers	Not consistently reported across studies	Cancer-bereaved caregivers had higher prevalence of SI than non-cancer caregivers; risk shaped by quality of death, stigma, and financial strain	Pre-loss financial hardship, poor quality of death, stigma, previous psychiatric history	None evaluated	Limited to SI (not attempts/deaths); heterogeneity; small samples; most studies observational	Bereavement pathways in Wales rarely integrate structured suicide risk screening; policy gap for caregiver/bereaved mental health	https://doi.org/10.3390/bs9050053
Viola, M., Gang, J., Maciejewski, P.K., Prigerson, H.G. *Associations of financial hardship with suicidal ideation among bereaved cancer caregivers.* J Psychosoc Oncol. 2023;41(2):226–234.	2023	USA (multi-site)	Yes (cancer-bereaved caregivers)	Informal caregivers of advanced cancer patients transitioning into bereavement	Mixed	173 caregivers	Longitudinal cohort	Interviews (in-person) pre-loss & post-loss	Suicidal ideation	Pre-loss financial hardship OR = 3.4 (95% CI 1.5–7.4); post-loss financial hardship OR = 3.7 (95% CI 1.7–8.2); adjusted post-loss AOR = 3.6 (95% CI 1.4–8.8)	Adjusted for pre-loss suicidal ideation, psychiatric diagnosis, spousal relationship	Suicidal ideation rose from 12% pre-loss to 20% post-loss; post-loss financial hardship significantly predicted suicidal ideation	Financial hardship before and after patient death	None evaluated	Small sample, US-only, no suicide death data—only ideation	There's no structured bereavement mental health support in Wales—this highlights a critical policy gap	https://doi.org/10.1080/07347332.2022.2067803
Zwar, L., König, H.-H., & Hajek, A. *Wishing for an end? Longitudinal analysis of suicidal ideation among informal caregivers inside and outside their household in different welfare systems of Europe.* Int Psychogeriatr. 2023;35(12):736–750.	2023	Europe (10 countries)	Not cancer-specific (includes informal caregivers broadly)	Adults aged ≥40 transitioning into caregiving roles	Mixed	171,848 pooled observations	Longitudinal cohort (fixed-effects logistic regression)	SHARE survey (Europe-wide panel data)	Suicidal ideation (Euro-D scale measure)	OR for household caregivers (vs non-caregivers): elevated (specific OR not in abstract); higher risk in Southern and Bismarckian welfare systems; non-relatives caregivers outside household had increased ideation.	Adjusted for health and sociodemographic factors	Transitioning into caregiving **within the household** is linked to increased suicidal ideation, especially for partners or parents, and within certain welfare systems.	Caregiving inside household; caring for close relatives; being in Southern/Bismarckian welfare systems.	None evaluated	Limited to ideation (not attempts/death); not cancer-specific; aggregated national data	In Wales, informal caregivers for cancer patients are likely to be at increased risk—especially those caring at home without systemic support; policy development could be informed by these welfare-system differences	https://doi.org/10.1017/S1041610223000601
Aoyama, M. et al. *Factors related to suicidal ideation among bereaved family members of patients with cancer: Results from a nationwide bereavement survey in Japan.* J Affect Disord. 2022;310:1–9.	2022	Japan	Cancer bereavement (multiple types)	Bereaved family members of cancer patients	Mixed	Not specified	Nationwide cross-sectional survey	Postal survey of bereaved families	Suicidal ideation	Depression OR = 10.01; Poor physical health during caregiving OR = 1.24; Poor psychological health during caregiving OR = 1.38; Pre-existing mental illness OR = 1.38; Poor social support OR = 1.42; Preparedness for bereavement OR = 0.59 (protective) — all p < 0.0001 (researchgate.net)	Controlled for multiple sociodemographic and health factors via logistic regression	Bereaved family members experiencing depression, poor health, pre-existing mental illness, low support, and low preparedness had significantly higher suicidal ideation.	Depression, poor physical/psychological health during caregiving, pre-existing mental illness, low perceived social support, insufficient preparedness for death	None evaluated (observational)	Cross-sectional; single-country; lack of data on ideation to attempts/death	Reinforces the importance of integrating caregiver support and bereavement preparedness into Wales' palliative care and cancer services	https://doi.org/10.1016/j.jad.2022.08.019
Abbott, C. H., et al. *The influence of patients' quality of life at the end of life on bereaved caregivers' suicidal ideation.* J Pain Symptom Manage. 2014;48(3):459–464.	2014	USA	Cancer (advanced)	Informal caregivers of terminal cancer patients	Mixed	127 caregivers	Prospective cohort	Coping with Cancer study (surveys + Yale Evaluation of Suicidality scale)	Suicidal ideation	AOR = 0.79 (less suicidal ideation when perceived QoL@EOL better) (pubmed.ncbi.nlm.nih.gov, daneshyari.com)	Adjusted for baseline ideation, relationship to patient, education	Caregivers perceiving poor quality of life at their loved one's end of life had significantly higher suicidal ideation after the loss.	Spousal caregivers, baseline suicidal ideation, low education, perceived poor patient QoL@EOL	None evaluated	Small sample; US-specific; ideation only (not attempts or death)	In Wales, this supports prioritising both patient end-of-life quality and caregiver preparation in palliative pathways	https://doi.org/10.1016/j.jpainsymman.2013.09.011
Despotović MM et al. *Suicidality, resilience and burnout in a population of oncology nurses.* Scientific Reports.	2025	Serbia (multi-centre)	N/A (staff study; oncology setting)	Oncology nurses (working adults)	Mixed	75 oncology nurses (also 74 non-oncology nurses; 70 students; 71 admin workers)	Cross-sectional survey	Standardised scales (RASS suicidality; Brief Resilience Scale; Maslach Burnout Inventory)	Suicidality (ideation risk scale)	**Oncology nurses:** suicidality ↔ resilience r = −0.375 (p = 0.001); no correlation with burnout; controls showed suicidality–burnout links.	N/A (correlational)	**Higher resilience = lower suicidality** among oncology nurses; burnout wasn't directly linked to suicidality in this group.	Lower resilience; dissatisfaction with socio-economic status (exploratory)	None	Small sample; single-country; cross-sectional.	Highly relevant for Welsh oncology services' staff-wellbeing plans.	https://www.nature.com/articles/s41598-025-87677-2 (Nature)
Fairman N. et al. *What Did I Miss? A Qualitative Assessment of the Impact of Patient Suicide on Hospice Clinical Staff.* J Palliat Med.	2014	USA	Mixed (hospice population includes many cancer patients)	Hospice clinical staff (nurses, social workers, etc.)	Mixed	**186**	Qualitative (open-ended online survey; grounded theory)	Academic non-profit hospice; staff survey	Psychological impact on staff (distress, coping, practice change)	None (qualitative themes)	N/A	**Patient suicide had substantial personal & professional impact**; themes: shock, guilt/self-blame, intrusive thoughts, defensive practice changes; staff recommended **debriefing and team support**.	Direct care involvement; feeling responsible (thematic)	Informal/team debriefs; spiritual coping (described, not tested)	Single organisation; self-report; no SI prevalence quantified.	Hospice/PC teams in Wales can adopt **standardised debrief pathways** after critical incidents.	https://pmc.ncbi.nlm.nih.gov/articles/PMC4842942/ (PMC)
Malik S. et al. *The Impact of Patient Suicide on Doctors and Nurses: A Qualitative Review.* Suicide & Life-Threatening Behavior.	2022	Global (multi-country studies)	Not cancer-specific (includes oncology/PC contexts where present)	Doctors & nurses exposed to **patient suicide**	Mixed	20+ studies synthesised (qualitative)	Systematic qualitative review	Published studies	Staff outcomes (distress, guilt, PTSD-like symptoms; some reports of **suicidal ideation**)	Not pooled	N/A	**Patient suicide frequently triggers severe distress** in clinicians; organisational response (blame vs support) strongly shapes aftermath; some reports of staff **SI** post-event.	Prior mental ill-health; isolation; punitive culture	None tested	Qualitative; heterogeneity; not oncology-only.	Supports **Just-Culture** response in Welsh cancer/PC services after sentinel events.	https://www.tandfonline.com/doi/full/10.1080/13811118.2021.1885533 (Taylor & Francis Online)
Vachon ML. *Staff stress in hospice/palliative care: a review.* Palliat Med.	1995	Global (narrative review)	Palliative/hospice (predominantly cancer)	Hospice & palliative staff	Mixed	Not applicable	Narrative review	Prior studies & reports	**Reports of suicidal ideation** along with anxiety, depression, substance use in staff	Not applicable	N/A	Early recognition of high stress in PC led to **organisational coping strategies**; nevertheless, **suicidal ideation** and other harms reported in staff.	High workload; repeated exposure to death; inadequate support	None	Older review; descriptive; lacks modern prevalence data.	Historic context for Welsh services; argues for sustained staff-support infrastructure.	https://pubmed.ncbi.nlm.nih.gov/7541687/ (PubMed)